



EAST STROUDSBURG UNIVERSITY FOUNDATION

PAYROLL DEDUCTION FORM East Stroudsburg University

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

ESU Title and Department: _____

This is a new gift.
I hereby authorize the Commonwealth of Pennsylvania to deduct \$ _____ biweekly from my paycheck starting: _____/_____/_____.*

This is a revision to my current payroll deduction.
I hereby authorize the Commonwealth of Pennsylvania to change my current payroll deduction amount of \$ _____ to \$ _____ biweekly from my paycheck starting: _____/_____/_____.*

Please designate my gift to (if selecting more than one, please indicate a specific amount for each):

- | | |
|---|--|
| <input type="checkbox"/> Warrior Fund (Area of Greatest Need) | <input type="checkbox"/> Athletic Director's Annual Fund |
| <input type="checkbox"/> College of Arts and Science | <input type="checkbox"/> Graduate College |
| <input type="checkbox"/> College of Business Management | <input type="checkbox"/> General Annual Scholarship |
| <input type="checkbox"/> College of Education | <input type="checkbox"/> Student Emergency Assistance Fund |
| <input type="checkbox"/> College of Health Sciences | <input type="checkbox"/> Other: _____ |

My spouse works for a matching gift company.
Spouse's Full Name: _____
Company Name: _____
(Call his/her personnel office or visit www.esufoundation.org/matchinggifts to see if a company participates.)

I would like to speak with someone from the ESU Foundation regarding:

- Additional Gift Options
- Establishing a Scholarship Fund
- Including ESU Foundation in my Estate Plans
- Other: _____

Employee Signature: _____

www.esufoundation.org/payrolldeduction

*Enrollment in payroll deduction will be continuous until you request to be removed.

Please send your completed form to the East Stroudsburg University Office of Human Resources in the Reibman Administration Building or submit your information online